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ABSTRACT

Relevant research analyzing the major components of the foster care system is reviewed and critiqued. The research suggests that children are entering the foster care system with a greater severity of psychosocial disorders than in previous years. Regardless of the problems of foster children, empathic and flexible foster parents have a greater potential for creating a stable foster placement which facilitates the remediation of the children's problems. Systemic interventions during scheduled visits may be highly effective towards addressing the children's needs, facilitating reunification, and stabilizing the foster placement. Implications for professionals are discussed with a focus on the schisms which ultimately fragment the foster care system. (Contains 70 references). (Author)

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AN ANALYSIS OF THE FRAGMENTED FOSTER CARE SYSTEM WITH A VIEW TOWARD SYSTEMIC RECONSTRUCTION: A REVIEW OF THE LITERATURE

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AN ANALYSIS OF THE FRAGMENTED FOSTER CARE SYSTEM WITH A VIEW TOWARD SYSTEMIC RECONSTRUCTION: A REVIEW OF THE LITERATURE

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

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Doctor of Psychology

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by

John William Leach

May, 1994

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Relevant research analyzing the major components of the foster care system is reviewed and critiqued. The research suggests that children are entering the foster care system with a greater severity of psychosocial disorders than in previous years. Regardless of the problems of foster children, empathic and flexible foster parents have a greater potential for creating a stable foster placement which facilitates the remediation of the children's problems. Systemic interventions during scheduled visits may be highly effective towards addressing the children's needs, facilitating reunification, and stabilizing the foster placement. Implications for professionals are discussed with a focus on the schisms which ultimately fragment the foster care system.

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AN ANALYSIS OF THE FRAGMENTED FOSTER CARE SYSTEM WITH A VIEW TOWARD SYSTEMIC RECONSTRUCTION: A REVIEW OF THE LITERATURE

Introduction

Foster homes can no longer be treated as simply temporary shelters for children removed from their biological homes. Due to the trend towards deinstitutionalization with a subsequent increase in the use of foster homes, today's children are entering foster care more disturbed and in need of treatment. The foster care field remains the purview of social workers, but it is rapidly becoming an arena for child psychologists and family therapists. Reviewing the disorders that are common among foster children and the etiologies of those disorders is important to the therapist or case manager who works with foster children.

Expediting the return of foster children to their biological parents seems necessary in order to prevent further insult to the children's already compromised development. The research suggests that children who are not reunified with their parents within a short time tend to experience multiple placements in foster care. There is currently legislation that mandates that children in placement be reunified with their biological parent(s) whenever possible (i.e., Public Law 96-272, the Adoption and Assistance and Child Welfare Act of 1980) (Block, 1981; Simms & Bolden, 1991). On the other hand, premature reunification can lead to many children being replaced in foster care. Identifying

the factors that facilitate reunification as well as the factors that lead to recidivism is important for the social workers who make requests for reunification.

The success of the foster placement is especially important for the foster child who is generally vulnerable to having cognitive, emotional, behavioral, and attachment problems. Bowlby (1966) views temporary foster placement as an insult to the child's development due to the break in the attachment of the child to the natural mother. Because most children remain in foster care for extended periods of time (i.e., beyond six months), establishing a stable placement is important for facilitating the child's development. Identifying the factors that facilitate a stable placement is important for the case workers who select and manage foster homes.

Innovative therapeutic strategies have been developed to address the mental health problems of foster children such as using foster homes specifically designed to provide therapeutic environments, training foster parents in behavior management techniques, and operating special programs for foster parents who care for emotionally disturbed or mentally retarded children. However, those strategies have addressed only fragments of the foster care system and as a result have neglected the functioning of the overall system. The focus of the research and its clinical application must be widened in order to address the systemic problems which disrupt the best interest of the foster child as well as the best interest of the foster family and biological family. An example of widening the focus would be to use the scheduled visits between the foster child and the biological parent(s) as an arena for systemic interventions.

In the present review, research exploring the cognitive, emotional, and behavioral disorders common to foster children is evaluated along with a study regarding the etiology of those disorders. Secondly, research studying the factors

which correlate with a timely reunification between foster child and biological parent and factors which correlate with failed reunification and subsequent replacement are evaluated. Thirdly, research studying the factors which correlate with a successful foster placement is evaluated. Fourth, a study will be reviewed in which scheduled visits were used for the purpose of accommodating the best interest of the foster child, foster family and biological family. The review is concluded with a discussion of implications for professionals involved in the foster care system.

The Psychosocial Disorders of Foster Children

The problems of foster children are often overlooked because the current policy focuses more on placement issues than on treatment issues (Simms, 1989). Mental health workers must be sensitive to the problems that are specific to foster children and provide appropriate interventions if they are to provide for the children's' best interests. This section reviews the research which studies the prevalence and types of disorders specific to foster children, as well as commenting on the etiology of behavioral and achievement disorders.

Identifying the Prevalence and Types of Disorders

Much of the recent research in foster care refers back to Fanshel and Shinn (1978) who conducted a 5-year longitudinal study in New York of 624 foster children ranging in age from birth to 12 years. They classified about 24% of the children in their study as abnormal or suspect to being abnormal (Fanshel & Shinn, 1978). The percentage was probably an underestimate of psychological disorders in the foster care population, according to some researchers (Marcus, 1991; McIntyre & Keesler, 1986), because Fanshel and Shinn (1978) excluded children from their study who were placed in treatment settings.

McIntyre and Keesler (1986) conducted a study in order to determine the proportion of children in a foster care population that manifested clinical psychological disorders and to map the typology of those disorders. They measured the clinical status of 158 foster children, who had been in foster care from 3 months to 17 years (M = 4.0 years) and ranged in age from 4 to 18 year olds. They had foster parents and caseworkers complete the Child Behavior Checklist (CBCL), which was developed as a descriptive instrument intended to classify comprehensively behavioral and emotional disorders of children 4 to 16 years old (Boyle & Jones, 1985). McIntyre and Keesler (1986) may have gone beyond the scope of the CBCL by including 17 and 18 year olds in their study.

The CBCL was designed to generate a variety of indices of psychological disorders differing in the number and diversity of the behavior problems associated with each (McIntyre & Keesler, 1986). The CBCL consists of narrow-band scales, each of which reflect a cluster of behavior problems or symptom syndromes, and a SUM T-score "which is derived from the sum of ratings across the full 118 items on the CBCL" (McIntyre & Keesler, 1986, p. 299). McIntyre and Keesler (1986) used the narrow-band scales in their study because their goal was to identify any type of disorder rather than make a global statement of overall psychological functioning.

The CBCL was found to have adequate reliability (Achenbach, 1978; Achenbach & Edelbrock, 1979; Sattler, 1988). The following reliabilities of the CBCL were determined using a product moment correlation: the interrater reliability ranged from .80 to .95 among the four examiners who participated in the standardization (Sattler, 1988); the stability of the CBCL was .42-.63, based on parent ratings of samples of 16-46 clinic children at 9-27 month intervals (Achenbach and Edelbrock, 1979); the reproducibility of the CBCL was .89-.90,

based on parent ratings of samples of 8-16 normal children made at 7-8 day intervals (Achenbach, 1978); and the interrater reliability was .54-.79, based on parent ratings of samples of 16-37 clinic children (Achenbach and Edelbrock, 1979). The CBCL was also found to be valid because it was able to discriminate large representative samples of clinic children from the general population (Achenbach & Edelbrock, 1979; Achenbach, 1978).

McIntyre and Keesler (1986) found that "nearly one half the foster children in (their) study, regardless of sex or age group, displayed evidence of psychological disorder on the CBCL" (p. 302). They found that the prevalence rate of psychological disorders in their study was 103% higher than the earlier study by Fanshel and Shinn (1978), which they attributed to two historical changes, namely "the trend toward deinstitutionalization" and "increased public awareness of and concern with physical and sexual abuse in children" (McIntyre & Keesler, 1986, p. 303).

McIntyre and Keesler (1986) found that a large percentage (85.3%) of the syndromes were represented in the foster group. A majority (61%) of the clinically disordered foster children manifested multisymptom syndromes and a minority (39%) manifested single symptom syndromes. McIntyre and Keesler (1986) used binomial tests to determine which of the syndromes differentiated the foster group from the nonreferred population of children and adolescents and they found that 45.7% of the internalizing pattern symptom syndromes (e.g., Depressed & Anxious) and 53% of the externalizing pattern syndromes (e.g., Aggressive & Hyperactive) occurred significantly more often in the foster care group than in the nonreferred group. They used the relative risk statistic of epidemiological research (Alderson, 1976) to determine that foster children were 8.7 times more likely than home-reared children to manifest psychopathology.

In another study Hochstadt, Jaudes, Zimo, and Schachter (1987) set out to "generate a profile of the medical and psychosocial needs of children entering the foster care system as a first step toward development of a better health care delivery system" (p. 53). Due to the scope of this review, only the results regarding the psychosocial problems were reviewed.

Hochstadt et al. (1987) conducted psychosocial screenings of 149 abused and neglected children entering the foster care system in Cook County, Illinois. They used the Denver Developmental Screening Test (DDST) to evaluate the developmental level of children 4 years of age or less, the Louisville Behavioral Checklist (LBC) to assess behavioral/emotional functioning of children 4 to 17 years of age, and the Vineland Adaptive Behavior Scale-Revised (VABS) to assess adaptive behavior of children 1 to 18 years of age (Hochstadt et al., 1987). The results of each measure will be discussed one at a time.

Hochstadt et al. (1987) found that of the 71 foster children under 4 years of age that they studied, the DDST was abnormal in 12.9% on composite, 25.4% in gross motor, 12.7% in fine motor score, and 15.5% in personal-social areas. These results were discrepant with physicians' assessments of the foster children under 5 years of age, which estimated a higher percentage of developmental delays. Hochstadt et al. (1987) attributed the discrepancy between the physicians' assessments and the DDST results to the inability of the DDST to identify borderline abnormalities, especially in older children. In order to compare foster children to home-reared children, it would have been ideal if Hochstadt et al. (1987) had made a comparison either between the physicians' assessments of foster children versus home-reared children or between DDST results of foster children versus home reared children.

The LBC was completed by caretakers on 26 foster children 4 to 6 years old, 17 children 7 to 12 years old, and 8 children 13 to 17 years old in order to assess social and emotional behaviors indicative of psychological disorders (Hochstadt et al., 1987). The LBC was found to measure the following eight factors: infantile aggression, hyperactivity, antisocial behavior, social withdrawal, anxiety, sleep disturbance, academic disability, and immaturity (Miller, 1967; Miller, Hampe, Barrett, & Noble, 1971). Boyle and Jones (1985) has stated that there was not adequate data to assess the validity of the LBC, but there was adequate internal consistency. The internal consistency of the LBC was .34-.84, using a split-half product moment correlation with 263 consecutive male children ages 6-12 seen at a clinic (Boyle & Jones, 1985).

Hochstadt et al. (1987) stated that the results of the LBC suggested that the foster children in the sample exhibited a significant amount of behavioral problems in excess of that expected in the general population; however, they did not suggest the percentage of problems that they expected in the general population. They also concluded that the results of the LBC suggested that the older children had the most severe problems, based on the Severity scale which crossed all three age groups (See Table 1).

Table 1

Elevated Scales on the Lousville Behavior Checklist (Percentage)

Behavior Scale	Age		
	4-6 (N = 26)	7-12 (N = 17)	13-17 (N = 8)
School Disturbance	3.8	*	ø
Sexual Behavior	3.8	11.8	ø
Somatic Behavior	–	5.9	ø
Psychotic Behavior	–	11.8	ø
Neurotic Behavior	–	23.5	–
Rare Deviance	15.4	70.6	ø
Severity Level	11.5	35.3	37.5
Prosocial Deficit	19.2	17.6	ø
Normal Irritability	–	17.6	ø
Immaturity	19.2	23.5	ø
Intellectual Deficit	42.3	*	ø
Fear	3.8	11.8	ø
Sensitivity	–	11.8	ø
Social Withdrawal	–	5.9	ø
Antisocial Behavior	19.2	47.1	ø
Hyperactivity	3.8	23.5	ø
Infantile Aggression	7.7	23.5	ø
Cognitive Disability	30.8	*	ø
Inhibition	3.8	5.9	ø
Aggression	7.7	23.5	ø
Academic Disability	+	52.9	37.5
Learning Disability	+	47.1	ø
Total Pathology	+	*	25.0
Neurological/Psychiatric Abnormality	+	*	25.0
Dependent/Inhibited	+	*	25.0
Apathetic Isolation	+	*	25.0
Adolescent Turmoil	+	*	25.0
Social Delinquency	+	*	25.0
Destructive/Assaultive	+	*	25.0
Egocentric/Exploitive	+	*	25.0

+ These scales do not appear on the 4-6 year old forms.
* These scales do not appear on the 7-12 year old forms.
ø These scales do not appear on the 13-17 year old forms.

The LBC appeared to have difficulty with comparing the three age groups because none of the scales except for the Severity scale was represented in all three age groups. The number of subjects in each age group was also significantly different, which may have weakened the comparison of the age groups. Nevertheless, a fairly large percentage of the foster children tested with the LBC exhibited a significant amount of disorders.

Hochstadt et al. (1987) used the VABS to assess 137 foster children, ages 1 year, 0 months, through 17 years, 11 months. The VABS was designed to measure personal and social sufficiency in four domains: communication, daily living skills, socialization, and motor skills (Hochstadt et al., 1987). The domains have generally demonstrated an acceptable level of internal consistency; the median split-half reliability coefficients are .94 for the composite score and between .83 and .90 for the domains (Oakland & Houchins, 1985). Criterion validity has been judged through correlations between the VABS and other measures: Kaufman Assessment Battery for Children (K-ABC) Achievement Scale (with the communication domain, .52), the K-ABC's Mental Processing Composite (.32), and the Peabody Picture Vocabulary Test-Revised (.28) (Oakland & Houchins, 1985). Hochstadt et al. (1987) found marked deficits in all domains in their sample. "Of the total sample, 87% fell below the 25th percentile on the Adaptive Behavior Composite (a composite of functioning in the 4 domains) and 97% of the sample fell below the 50th percentile" (Hochstadt et al., 1987, p. 59).

Hochstadt et al.'s (1987) results may suggest that foster children have low adaptive abilities or their results may suggest that foster children have low adaptive abilities in their foster care environment. Their results suggest that foster children are at a higher risk for psychosocial problems (i.e.. developmental

delays, school problems, psychiatric problems, and behavioral problems) "than their counterparts in natural homes" (p. 60).

There were some limitations to Hochstadt et al.'s (1987) study which they listed: all three measures were screens and were not definitive regarding diagnosis; the LBC and VABS were completed by caretakers who had known the child for a short period of time (i.e., no more than a month); and the children were evaluated upon separation from natural parents and thus under considerable stress.

A third study of the problems of foster children was conducted by Simms (1989) who studied the motor development, language development, and cognitive development of 113 foster children ranging in ages from 1 month to 6 years old. Approximately 75% were entering foster care for the first time and the other 25% were already in foster care at the time of the study (Simms, 1989). The subjects were administered the Peabody Developmental Motor Scale (PDMS), the Peabody Picture Vocabulary Test Revised (PPVT-R), the Preschool Language Scale (PLS), and the cognitive subtest of the Battelle Developmental Inventory (BDI).

The PPVT-R was found to have adequate reliability (Sattler, 1988). The split-half reliability coefficients on the PPVT-R for ages 2-6 through 18-0 years ranged from .67 (at the 2-6 year level) to .88 (at the 18 year level) (Sattler, 1988). The PPVT-R was found to be a valid measure of cognitive ability, but was limited to assessing the child's ability in the areas of recognition and visual comprehension of vocabulary (Sattler, 1988). The PPVT-R had acceptable correlation with the Wechsler Intelligence Scale for Children-Revised (r = .16 to .86), and specifically had a stronger correlation with the Verbal Scale than the Performance Scale (Sattler, 1988). Sattler (1988) stated that the PPVT only tests

one facet of a child's ability repertoire, namely recognition and visual comprehension of vocabulary, and "should not be used as a screening device for measuring intellectual level of functioning" (p. 350).

The BDI was found to have high test-retest reliability (r's from .71 to 1.00) and satisfactory interrater reliability (r's from .70 to 1.00). Criterion validity was highest with the VABS (r's from .79 to .93) (Sattler, 1988).

Simms (1989) found that the majority (61%) of the children in their sample demonstrated a delay in one or more developmental components. The greatest delay was in language development (52.2%), followed by fine motor (29.2%), gross motor (23.9%), and cognition (18.6%). Only a minority (40.6%) of the children in their sample were already involved in educational or therapeutic programs (Simms, 1989). The low percentage of children in therapeutic programs may have been due to the high percentage of children that were entering foster care for the first time.

After analyzing the results of his study, Simms (1989) concluded that the total length of time that a child spent in care could not be correlated with developmental or behavioral status. In fact, he found that the following characteristics of children in their sample had relatively fewer developmental problems: younger age at time of examination, younger age at the time of initial placement, and a greater percentage of lifespan spent in foster care (Simms, 1989). He hypothesized that young children were less negatively affected by foster placement because of their greater "plasticity in development" (p. 126).

In discussion of the research identifying the prevalence and types of psychosocial disorders of foster children, all three studies supported the notion that foster children incurred more significant problems than their home-reared counterparts (Hochstadt et al., 1987; McIntyre & Keesler, 1986; Simms, 1989). Of

the three studies, McIntyre and Keesler's (1986) results were the least influenced by transitional stress because their sample included children who had been in foster care for a substantial length of time.

Both Hochstadt et al. (1987) and Simms (1989) concluded that older children entering foster care were more at risk for psychosocial problems than younger children. The strength of Hochstadt et al.'s (1987) conclusion was suspect due to the limitations with the LBC (i.e., none of the scales besides the Severity scale were represented in all three age groups), and the strength of Simm's (1989) conclusion was limited due to all of the children in the study being under six years of age. However, the limitations to Hochstadt et al.'s (1987) and Simms' (1989) studies did not completely discount their conclusion that older children entering foster care were more at risk for psychosocial problems than younger children.

One might hypothesize that younger children who enter foster care have fewer problems either due to having less time to develop problems prior to placement or due to having a greater flexibility in adapting to a new environment and new relationships. On the other hand, although younger children have a greater flexibility in adapting to a new environment, they probably need to visit their biological parents more frequently in order to "remember the biological parent, maintain or build an attachment with the parent, and facilitate the transition back into the home" (Hess, 1988, p. 318).

One implication for further research of the prevalence and types of disorders of foster children is the need for longitudinal studies in order to determine whether the problems of foster children lessen or worsen over time while they are in foster care. Along the lines of longitudinal studies, Rushton (1989) states the following:

> Recent evidence suggests that, for school age boys, conduct problems are almost universal, and particularly taxing at the start of the placement. However, poor concentration, learning difficulties, lack of creative play and social difficulties are likely to be more persistent. Long term prospective studies are needed to see what happens at later stages and whether certain problems recur. (p. 201)

In conducting longitudinal studies with this population, the researcher must consider controlling for the children's preplacement experiences (e.g., abuse and neglect) as well as controlling for the multiple variables that affect the children during placement (e.g., change of placements and stability of foster home).

Another implication for further research of the prevalence and types of disorders of foster children is the need for a measure that factors in the children's perspective of their own problems and the children's developmental history. McIntyre and Keesler (1986), Hochstadt et al. (1987), and Simms (1989) only assessed the foster children's overt behaviors. In this author's opinion, assessing the children's self perceptions and developmental history is crucial for understanding the etiology of their problems and for developing treatment interventions. The Behavior Assessment System for Children (BASC) would be an effective measure to use with this population because it has the capacity to factor in both the children's perspective and developmental history.

Developing an etiology for the psychosocial disorders of foster children is critical if one plans to make effective interventions towards remediating those disorders. Due to the fact that foster children are separated from their biological parents, one may reasonably hypothesize that issues of attachment and affection are related to the psychosocial disorders of foster children. The next subsection will be a review of a study by Marcus (1991) who examined "whether the quality of the relationships between the foster child and significant others (was) the

dominant factor that (helped) them adjust to the disruptions in their lives" (p. 368).

Developing an Etiology

The most obvious distinction between natural children and home-reared children is the fact that foster children are separated from their parents. If separation from their biological parent(s) is a clue to the problems exhibited by foster children, then the nature of the child's attachment to and perceived level of affection from the biological parent(s) is most likely relevant; as well, the child's attachment to and perceived level of affection from the foster parent(s) may also be relevant.

In order to measure attachment, an operational definition must be established. The term attachment was conceptualized by Bowlby (1969) and referred to behavioral attempts to increase proximity to the attachment figure at the time of separation. Direct observation of infants and their mothers was initially used in developing a classification or typology of insecure and secure attachment (Ainsworth, Blehar, Waters, & Wall, 1978). Main and Weston (1981) operationally defined securely attached infants as those who actively attempted to make contact with their caregivers after brief separations and insecurely attached infants as those who avoided, ignored and/or showed angry behavior. Main and Cassidy (1988) found that the behaviors representing secure and insecure attachments were as similar in 6 year olds as they were in infants.

Marcus (1991) used Main and Weston's (1981) operational definition of attachment in his study of 52 foster children with the mean age of 8 year old. Marcus (1991) measured the correlation between several variables including the following: the child's attachment (i.e., strength and quality of attachment) with each select parent and the child's problems (i.e., internalizing, externalizing, and

achievement problems); the amount of affection that the child perceived receiving from each select parent and the child's problems; the child's attachment with each select parent and case record variables (CRV) (i.e., number of foster placements, months in care, months in current placement, visits by natural parent(s), child's age); the physical affection that the child perceived receiving from each select parent and case record variables; the empathy of each foster parent and the child's attachment with each foster parent; and the reasons for the child remaining in care and the child's problems. Marcus (1991) used the following measures, ratings, and sources of information: the Child Behavior Checklist (CBCL), caseworker ratings, case records, the Parent/Child Reunion Inventory (PCRI), foster child ratings, and the Interpersonal Reactivity Index (IRI). "Because the number of correlations performed increased the probability of chance findings, a more conservative .01 alpha level was adopted" (Marcus, 1991, p. 378). The following were the results from Marcus' (1991) study.

Ratings of the foster children's behavioral problems were obtained by having the foster mothers complete portions of the Child Behavior Checklist (CBCL), namely the items pertaining to the internalizing and externalizing subscales and a composite measure of the school achievement which indicated problems in the academic setting. The results of the Child Behavior Checklist ratings indicated that the mean of foster children in Marcus' (1991) study who exhibited externalized (i.e., acting-out behaviors) and internalized behavior problems (i.e., anxiety and depression) was greater than the nonclinical samples and less than the clinical samples taken from Achenbach and Edelbrock (1983). These findings were congruent with the previously cited research which found that foster children had more problems than home-reared children (Hochstadt et al., 1987; McIntyre & Keesler, 1986; Simms, 1989). Marcus (1991) also found that

the standard deviations for the children in his study were greater than for Achenbach and Edelbrock's (1983) clinical and nonclinical samples (See Table 2).

Table 2

Means and Standard Deviations for Behavioral Problems of Foster Care, Clinical and Nonclinical Samples

Problem	Clinical		Nonclinical		Foster care	
	M	SD	M	SD	M	SD
Externalizing	66.3	10.8	50.7	9.3	57.0	13.5
Internalizing	66.2	10.2	51.2	9.5	57.2	11.6

Marcus (1991) had caseworkers rate the strength and the quality of attachment between the child and all parents using two rating scales. He measured the strength of the attachment using a rating scale similar to the one used in the study by Fanshel and Shinn (1978), in which the caseworkers rated the "intensity or degree of affective involvement of the child with each (biological) and foster parent individually" (Marcus, 1991, p. 374). The scale ranged from 5 (no emotional ties) to 1 (quite strong emotional ties). He also used a rating scale which rated the quality of the emotion, indicating the quality of attachment, from 0 (primarily negative) to 2 (primarily positive) (Marcus, 1991). The test-retest reliability after a 4 week period was adequate ($r = .79$ for strength and $r = .72$ for quality) (Marcus, 1991).

The results of correlating caseworker ratings of attachment (CRA) with case record variables (CRV) indicated the following: more months in care related to a greater strength of attachment ($r = .37$, $p<.001$) to the foster mother and

marginally related to a better quality of attachment (r = .35, p<.01); more months in current placement was related to a greater strength of attachment to the foster mother (r = .44, p<.001); increasing age of the foster child was related to a decline in the quality of the child's attachment to the biological mother (r = -.41, p<.01); whereas, increasing age of the foster child was related to an increase in the quality of the child's attachment to the biological father (r = .51, p<.001) (Marcus, 1991). Marcus (1991) concluded "the current data support an interpretation of a modest continuity of attachment to the natural mothers that does not disappear but becomes overshadowed by newer relationships" (p. 386).

Marcus (1991) used the Parent/Child Reunion Inventory (PCRI) to measure whether the foster child's attachment to each foster parent was secure or insecure. Marcus (1991) had both foster parents complete the PCRI after reunions between the foster child and biological parent(s). The PCRI, which was based on a study by Main and Cassidy (1988), contained six items measuring secure attachment and 14 items measuring insecure attachment (Marcus, 1990). Marcus studied the reliability and validity of the PCRI using three samples and found the PCRI to have adequate reliability and both concurrent and predictive validity (Marcus, 1990). The Pearson correlation between insecure and secure attachment was -.38 (p<.01) (Marcus, 1990). The Cronbach alpha was .76 for secure and .77 for insecure attachment (Marcus, 1990). Teacher's ratings of secure attachment correlated adequately with the California Preschool Social Competence Scale (r = .41, p<.01) (Marcus, 1990).

The results of correlating the foster child's security of attachment with each foster parent (PCRI) with the child's problems (CBCL) as well as the number of placements that the child had experienced (CRV) indicated the following: a secure attachment with the foster mother related negatively with the

child's achievement problems (r = -.53, p<.01); a secure attachment with the foster father also related negatively with the child's achievement problems (r = -.59, p<.01); and, the number of foster placements that the child experienced negatively related with the child's security of attachment with the foster father (r = -.55, p<.01) (Marcus, 1991).

Marcus (1991) had foster children interviewed (FCI) to determine whether they perceived receiving physical affection from each foster parent and each biological parent. Marcus (1991) hypothesized that foster children's interpretations of others' actions might be related to their psychological adjustment (Marcus, 1991). There was an strong interrater agreement for children's ratings of parents (Kappa = .75).

The results of correlating the child's perceptions of receiving physical affection from each parent (FCI) with the child's problems (CBCL) as well as number of placements (CRV) indicated the following: a higher amount of physical affection that the child perceived receiving from the foster father was related to fewer achievement problems (r = -.53, p<.01); and a higher amount of physical affection that the child perceived receiving from the foster father was also related to a fewer number of placements that the child experienced (r = -.43, p = .001) (Marcus, 1991).

Marcus (1991) also had both foster parents complete the Interpersonal Reactivity Index (IRI), which is a 28-item self-report questionnaire consisting of four 7-item subscales, each of which assess a specific aspect of empathy. The following is a description of the four scales:

> The Perspective Taking scale measures the tendency to adopt the point of view of other people in everyday life. The Fantasy scale measures the tendency to transpose oneself into the feelings and actions of fictitious characters in books, movies, and plays. The Empathic Concern scale

> measures the tendency to experience feelings of warmth, compassion, and concern for other people. The Personal Distress scale also assesses typical emotional reactions, but rather than other-oriented feelings of concern, it taps one's own feelings of personal unease and discomfort in reaction to the emotions of others. (Davis, 1983, p. 117)

All four scales have satisfactory internal and test-retest reliabilities (internal reliabilities range from .71 to .77; test-retest reliabilities range from .62 to .71) (Davis, 1980). Validity is shown in the ability of the IRI to predict relationship competence (Davis & Oathout, 1987) and relationship satisfaction (Franzoi, Davis, & Young, 1985).

The results of correlating each foster parent's level of empathy (IRI) with the child's quality and strength of attachment to each parent (CRA) indicated the following: higher empathy from the foster father related positively with the child's quality of attachment with the foster mother ($r = .48$, $p<.01$) as well as the child's quality of attachment with the foster father ($r = .54$, $p<.01$) (Marcus, 1991). Empathy levels did not significantly correlate with strength of attachment.

Marcus (1991) compared the children's relative attachment to and affection for foster versus biological parents by subjecting the data to a one-way, repeated measures analysis of variance (ANOVA) across gender and type of parent for worker ratings of both intensity and quality of attachment and physical affection. The results of a Newman Keuls post hoc comparison of cell means indicated that the children's strongest attachment tended to be with the natural mother, followed by the foster mother, foster father and natural father. On the other hand, the children's most positive attachment tended to be with their foster mother and foster father, followed by the natural mother, and the natural father (See Table 3).

Table 3

Means for Attachment and Affection Measures for Foster and Natural Parents

Variable	Mean(FM)	Mean(FF)	Mean(NM)	Mean(NF)	Overall F
Attachment strength b	2.48a	2.92a	2.42a	3.54a	5.91 (p<.001)
Attachment quality c	1.47a	1.47a	.86a	.76a	10.73 (p<.001)
Physical affection	1.86	1.81	1.81	1.81	.12 (ns)

Note. FM = foster mother; FF = foster father; NM = natural mother; NF = natural father
a = Different beyond p<.05
b = Lower score is stronger attachment
c = Higher score is a more positive attachment

Marcus (1991) compared the reasons for children remaining in foster care by contrasting parents who were "either unwilling or unable to resume care versus all other reasons for children remaining in care" (p. 384). He conducted a multivariate analysis of variance (MANOVA) for the two groups (i.e., unwilling or unable versus all other reasons) with the three independent variables of externalizing, internalizing, and achievement problems. The results indicated that "children whose parents were unwilling or unable to resume care had the greatest number of behavior problems" (p. 384) (See Table 4).

Table 4

Comparison of Child Problems by Reason for Remaining in Care

Problem	Parents unwilling/unable	All others	F	p
Externalizing	61.4	53.5	5.6	.01
Internalizing	61.7	54.2	7.8	.01
Achievement	2.4	1.1	2.18	ns

One may infer that the actual separation from the biological parent(s) had less of an impact on the child than the child's understanding of the meaning of the separation.

A limitation to Marcus' (1991) study was the inability to "answer in great detail various important questions about changes in children's attachments over time" (p. 387). Marcus (1991) suggested that "a longitudinal study (for) analyzing children's attachments prior to, during, and after foster care would more precisely address current speculations about the importance of various attachments" (p. 387).

In summary of the research regarding the psychosocial disorders of foster children, more recent studies indicated that children were entering foster care more psychologically disturbed than in previous years. McIntyre and Keesler (1986) attributed the increase to "the trend toward deinstitutionalization" and "increased public awareness of and concern with physical and sexual abuse of children" (p. 303). McIntyre and Keesler (1986) found that "nearly one half the children in their study, regardless of sex or age group, displayed evidence of

psychological disorder" (p. 302), which was a prevalence rate 103% higher than the rate in an earlier study by Fanshel (1978).

The studies indicated that foster children were at a greater risk for psychopathology than home-reared children. Using the relative risk statistic of epidemiological research (Alderson, 1976), McIntyre and Keesler (1986) determined that the foster children in their study were 8.7 times more likely than home-reared children to manifest psychopathology. Hochstadt et al. (1987) also found that a significant amount of children in their study exhibited behavioral problems, in excess of that in the general population.

The studies indicated that older children entering foster care were at a greater risk of incurring severe psychosocial problems than younger children, which Simms (1989) attributed to the younger children's greater flexibility in adjusting to a new environment or "plasticity in development" (p. 126). In Simms' (1989) study of 113 children from 1month to 6 years olds, he found the following characteristics to correlate with fewer developmental problems: younger age at time of examination, younger age at the time of initial placement, and a greater percentage of lifespan spent in care. Hochstadt et al. (1987) also found that the younger children in their study demonstrated less severe behavioral problems.

The studies indicated that foster children incurred a broad range of psychosocial problems. McIntyre and Keesler (1986) found that a large percentage (85.3%) of syndromes on the CBCL were represented in his sample of foster children with the majority (61%) of the disordered children manifesting multisymptom syndromes. Simms (1989) found that the majority (61%) of the children in his sample exhibited developmental delays with the greatest delay in

language development (52.2%). Hochstadt et al. (1987) found that a significant amount of children (87%) in their study demonstrated poor adaptive abilities.

In developing an etiology of the psychosocial problems incurred by foster children, Marcus (1991) found that the quality of children's emotional ties to others played a significant role in their psychological adjustment and school achievement. Marcus (1991) found that the quality of the attachment predicted behavior problems, but the strength of the attachment did not predict behavior problems. He also found that the quality of attachment to the foster parents, and not the natural parents primarily predicted children's problems (Marcus, 1991). Achievement problems were found to have a stronger correlation with the quality of the child's attachment to the foster parent(s) than either internalized behavior problems or externalized behavior problems. Marcus (1991) found that the strength of the child's attachment to the foster mother increased over time and the quality of the child's attachment to the biological mother decreased over time.

Marcus (1991) also concluded from his study that there was a stronger positive correlation between the biological parents' unwillingness or inability to resume care and the foster child's problems than there was with the reason for placement being due to neglect or abuse. Thus, one may infer from the above that the actual separation from the biological parent(s) had less of an impact on the child than did the child's understanding of the meaning of the separation.

Marcus's study demonstrates an advancing trend in foster care research, namely gathering several different perspectives and measuring interpersonal variables, which is necessary if one plans to determine the etiology of the problems incurred by foster children. Marcus (1991) suggests that the children are less likely to have problems if they have a positive attachment to their foster

parents. His conclusions encourage the practice of assessing whether potential foster parents have the capacity for providing empathy and subsequently a positive attachment for a foster child.

While a positive attachment between foster children and the foster parent(s) may positively correlate with the foster children having lower academic problems and other behavioral problems, foster children will more than likely experience anxiety if they are uncertain about their reunification with their biological family. The next section will review the literature that studies the correlation between certain variables and timely reunification as well as recidivism or failed reunification.

Reunification and Recidivism

Researchers have concluded that children in extended foster care have been inhibited from healthy emotional growth due to being in a limbo situation and being prevented from making lasting emotional investments and relationships (Bryce & Ehlert, 1971). Social workers involved in foster care placement decisions have been mandated to facilitate a timely reunification between foster children and their biological parent(s) according to Public Law 96-272, the Adoption and Assistance and Child Welfare Act of 1980 (Block, 1981; Simms & Bolden, 1991). The following section will review the literature regarding the patterns of reunification, the variables that relate with timely reunification, and the variables related to recidivism or failed reunification and subsequent replacement in foster care.

Patterns of Reunification

Several studies concluded that the longer a child was in foster care the lesser were his/her chances of being discharged from foster care. Jenkins (1967)

conducted a two year follow-up study of 891 New York City children who entered foster care in 1963. Her study indicated that the percentage of discharges decreased as one compared them over a period of time. She defined three months after placement as a significant cut-off point. She concluded, "Once children have been in care over three months, chances for early return are substantially lessened" (Jenkins, 1967, p. 452).

Fanshel (1971) conducted an interim report of a five year longitudinal study of 624 New York City children who had entered foster care between January 1, 1966, and November 28, 1966. His findings supported the trend found in Jenkin's study, namely that the flow of discharges tapered off over time. Three hundred and forty of the 624 subjects were discharged within three and a half years. Of the 340, 32% were discharged within the first six months after placement, 25% within the second six months, 17% within the third six months, and 8% within the fourth six months.

The samples in the aforementioned studies were specific to New York City and not necessarily representative of foster care throughout the United States. Additional studies similar to those of Jenkins (1967) and Fanshel (1971) need to be conducted to ascertain whether the trends are the same in all regions of the United States.

The definition of the term discharge also needs to be clearly defined. The discharge of a child from foster care does not necessarily infer reunification with the natural parents. The child may also be placed in longer term placement away from his/her natural parents. For the purpose of this review, discharge from foster care will be seen as a positive regardless of the location because a more permanent placement will be assumed to be more facilitating of the child's development than temporary placement. The following will be a review of the

studies which analyzed the correlation between the amount of time that a child spends in care and the following three variables: parent visits, child demographics, and the reason for placement.

Frequency and Quality of Parental Visiting and the Rate of Reunification

Several authors found a positive correlation between the frequency of parental visits and fewer months that the child was in foster placement (Fanshel, 1975; Lawder, Poulin, & Andrews, 1986; Mech, 1985). Milner (1987) agreed with the previous authors that the quantity of visits positively correlated with an earlier reunification. He offered a family systems perspective elucidating the importance of consistent parent visits. He stated the following:

> Parents of children in short-term care could be expected to maintain the pattern of frequent visiting over the course of placement, and if the child has siblings, they would generally be included in the visits. This would seem to have the effect of maintaining the cohesiveness of the family unit, including the child who is in foster care. The danger of the family establishing a homeostatic balance without the child is minimized, with frequent and consistent visiting helping the child maintain his or her place in the family. (Milner, 1987, p. 118)

Milner (1987) conducted a study using a sample of 75 children which he randomly selected from a population of 222 children under the care and supervision of the Jefferson County Department of Human Resources in Alabama. He used a proportionate stratified method to aid in achieving a representative sample regarding length of time in foster care. Time spent in care ranged from two months to 17.9 years. He analyzed data that was gathered through case records using multiple regression analysis and other measures of correlation. Items from the data were grouped into various indices including "the child's relationship with the biological family while in foster care, consisting of quality and frequency of parental visiting" (Milner, 1987, p. 115).

Milner (1987) found a strong statistical relationship "between the child's relationship with family members while in foster care and the length of placement" (p. 116). This area was "a measure of the frequency of parental visiting with the child in care and the quality , positive or negative, of the visiting" (p. 116). Milner (1987) cited the following:

> With a significance level of $p<.001$, these visiting variables explained 28% of the variance in duration of foster care. There was a high degree of correlation between frequent, positively-oriented visiting and short- term placement. Likewise, infrequent or negatively oriented visiting correlated with increasingly longer stays in foster care for the child (Pearson's $r = .53$, $p<.001$). (p. 116)

Marcus (1991), in agreement with Milner, questioned whether the correlation between frequency of parental visits and positive emotional/behavioral adjustments of the child would be as strong if the relationship between the biological parent(s) and the foster child was hostile and ridden with conflict. Hess (1988) also cautioned making an interpretation of the relationship between the frequency of parent visiting and both placement outcome (i.e., decision for reunification) and parent-child well-being because the frequency of visits were determined by several variables other than the parent(s)' desire to visit. In other words, "the interpretation of frequency must acknowledge the extent to which it is beyond the control of the child's parent(s)" (Hess, 1988, p. 324).

Demographics and the Rate of Reunification

The research reviewing the correlation between demographics and the rate of reunification presented differing conclusions. Jenkins (1967) concluded that children under six appeared to be discharged from foster care relatively earlier than older children; and, that in general, older children tended to stay in temporary foster care for longer periods of time. On the other hand, Fanshel

(1971) concluded that the age of the child did not affect the discharge rate, although Fanshel (1975) found that older children were visited more often by their biological parents.

Studies analyzing the correlation between ethnic groups and the rate of discharge also provided differing conclusions. Jenkin's (1967) observed that Caucasians remained in care longer than African Americans or Puerto Rican Americans. On the other hand, Fanshel (1975) found that Caucasian children were visited by their biological parents more often than African American and Puerto Rican American children. Mech (1983) stated the following regarding his study: (a) African Americans under the age of 19 constituted only 14% of the youth population, but they constituted 33% of youths in out-of-home placements, (b) African Americans (32%) were the most susceptible to falling into the long-term category, followed by Hispanics (25%) and American Indians (22%).

The studies correlating religion and discharge rate provided the following conclusions: Jenkins (1967), using a Chi squared analysis at the .01 significance level, concluded from her sample of 891 children that Protestant children were the highest among the long term placements, and the Catholic children were the highest among the short-term placements. Fanshel (1971), also using a Chi squared analysis, found no significant correlation between religious affiliation and rate of discharge with his sample of 624 children. However, Fanshel (1975) observed that Jews were visited the most, and African American Catholic children who had come into foster care by way of court involvement were the most vulnerable to prolonged care.

The more recent research rarely correlates religion or ethnicity with reunification, possibly because they are stable variables and cannot be manipulated by policy like the frequency of parental visits. Nevertheless, it

seems that understanding the reason for the correlation between ethnicity or religion and reunification would be important if there is in fact a significant correlation.

Reason for Placement and the Rate of Reunification

The studies analyzing the correlation between the reason for placement and discharge rate yielded the following results: (a) Children who were in placement due to their own behavior were in placement the longest, while those who were in placement due to their caretaker's physical illness were in placement the shortest amount of time (Fanshel, 1971; Jenkins, 1967); (b) Children who were placed due to their own behavior, the mental illness of the child-care person, or the physical illness of the child-care person were visited the most (Fanshel, 1975); (c) Children with family problems, whose parent had died, or whose parents were unwilling to assume care were visited the least. The notion of children being placed due to their own behavior problems may be more an indication of a lack of parenting capacity by the biological parent and less an indication of significant problems by the foster child. Some children may indeed present unique challenges (i.e., physical and mental handicaps) beyond the capacities of the biological parent, but they represent the minority (25%) of children placed in foster care (Guerny, 1982). In these cases, in this author's opinion, parent training, especially during the scheduled visits, would be recommended.

In discussion of the research regarding the variables that correlate with a timely reunification, the frequency and quality of parent visits appears to have the strongest positive correlation with timely reunification than any other variable. On the other hand, the fact that the biological parent(s) has made an effort to visit their child does not necessarily imply that there is a strong parent-

child bond. Simms and Bolden (1991) stated that erroneous reunification decisions are often made based on the pattern of visits by the biological parent without considering the biological parent's true parenting ability.

An extended foster placement may have detrimental effects on a foster child, but a failed reunification would be understandably worse. The following studies review the relationship between specific variables and recidivism.

Variables that Correlate with Recidivism

Block (1981) studied a sample of 314 children under the age of 18 who were discharged in 1978 and 1979 from the Jewish Child Care Association (JCCA) in the New York City metropolitan area. He defined recidivism as, "a subsequent admission to a residential program or contact with a criminal justice system" (p. 599). He found that of the 314 children in the sample, 88 (28%) returned to care and 55% of the 88 returned specifically to foster care. Interestingly, none of those who had been discharged to new adoptive parents returned to foster care (Block, 1981). In comparing recidivists and nonrecidivists, Block (1981) found the following four characteristics that were positively correlated with recidivism at the .05 level of significance: (a) 13 to 15 year olds, (b) those discharged to two parent families, (c) those with no siblings in care, and (d) those placed in care for child reasons only.

The finding that older children (i.e., 13 to 15 year olds) were at greater risk for recidivism may have been related to the conclusions of the aforementioned studies, namely that older children tended to have more severe problems. Block (1981) suggested that children 16-years and older seemed to have a lower recidivism rate because they probably were too old to reenter the foster care system at the time recidivism might have occurred. Regarding the higher rate of recidivism with children of two parent families, Block (1981) hypothesized "if

much of the limited coping energy of the family is devoted to preserving the marital relationship, then the family has little extra coping energy to devote to facilitating the return of a 'problem' child" (p. 607).

Turner (1986) conducted a post hoc review of case records of foster children from 43 counties and cities comprising the Richmond and Tidewater regions of the Virginia Department of Social Services. He contrasted fifty children who were successfully reunited with their biological parents upon return home from foster care with fifty children who returned to foster care following the return home. He found that children from biological families with multiple problems had a higher rate of recidivism than from those without multiple problems (Chi-square = 13.11189, 2 df, $p = .01$). He also found that children were more at risk of recidivism if their biological family requested their initial placement (Chi-square = 7.63, 2 df, $p = .02$).

The results of Block (1981) and Turner (1986) suggest that there are identifiable characteristics of families that are at risk of recidivism. A decision towards reunification based solely on the frequency of parent visits may be premature. The trend has been towards returning the child to his/her biological family as soon as possible based on the theory that extended temporary foster care disturbs the child's development. Some studies indicate that children who remain in foster care may actually experience better development outcomes (Wald, Carlsmith, & Leiderman, 1988). Additional studies need to be conducted which determine whether there is a significant difference between psychosocial problems of children who return home after temporary foster care and children who remain in foster care for the long term.

In summary, Jenkins (1967) found that discharge rates from foster care taper off after three months. The quantity or frequency of parent visits as well as

the quality of parent visits related positively with shorter foster placements. Milner (1987) stressed the importance of the child visiting his/her family for the purpose of "helping the child maintain a place in his/her family" (p. 118). Hess (1988) cautioned interpreting the frequency of parent visits as indicating both placement outcome (i.e., decision for reunification) and parent-child well-being because the frequency of visits were determined by variables other than the parent(s)' desire to visit.

Research regarding the child's demographics and the duration of the foster placement indicated differing conclusions. Jenkins (1967) found that younger children were discharged earlier than older children; whereas, Fanshel (1971) found no relationship between the age of the child and the discharge rate, although Fanshel (1975) found that older children were visited more often than younger children.

The demographic research also found differing conclusions regarding the relationship between discharge rate and ethnicity as well as religion. Jenkins (1967) found that the Caucasians in her study remained in foster placement longer than African Americans and Puerto Rican, whereas, Mech (1983) found that African Americans were the most susceptible to falling into the long-term category in his study. Jenkins (1967) found that Protestants in her study remained in care longer than Catholics; whereas Fanshel (1971) found no correlation between religion and discharge rate; however, Fanshel (1975) found that the African American Catholics in his study were the most susceptible to long-term foster placement.

Research regarding the relationship between the reason for children's placements in foster care and the rate of discharge indicated that children who were placed due to their own problems were visited the most, but also the most

susceptible to long-term placement. On the other hand, Guerny (1982) found that only a minority (25%) of children were placed due to their own problems (i.e., physical and mental handicaps).

The research regarding recidivism or failed reunification indicated that child variables as well as biological family variables correlated with recidivism. The profile of an older child who was placed upon the request of the biological parent(s) and returning to a two-parent family with multiple problems was most positively related with recidivism.

For those children who cannot return to their biological families or become adopted, long term foster care may be the only option. With these children, a stable placement is more desirable than moving through several placements. The next section will be a review of variables that correlate with a successful foster placement.

The Success of the Foster Placement

The research suggests that failed placements insult the psychosocial and emotional development of the child (Meier, 1966; Pardeck, 1983). Marcus (1991) also suggests the following reasons why helping a foster child adjust to the foster placement is important:

> First, children who are doing poorly within their foster family or at school will make life difficult for foster parents. This may subsequently lead to burnout and further deplete the limited pool of qualified foster parents. Second, the inordinate amount of casework needed to stabilize a particular child within a given setting may drain resources needed to service a large caseload during times of diminishing resources. Third, failed placements mean that children must be re-placed, and the need for the child to readjust to a new setting may itself require considerable effort by all involved. (p. 369)

The earlier one can identify families that are able to provide secure attachment and meet the child's emotional needs the sooner one can protect the child by placing him/her permanently in an adequate substitute family. This section defines successful placement and then reviews the research which analyzes the variables that correlate with successful and unsuccessful foster placements.

Definition of Successful Placement

The child's growth or emotional health will not be used as the reference point for placement success because this poses immense problems of measurement and assessment, especially because a background of handicapping experiences may affect the growth and development of a child in varying degrees (Cautley & Aldridge, 1975). Researchers differ on their criteria for successful foster placement. Several researchers identify the number of placements as a criterion for success. Pardeck (1985) views one or two placements as successful. Kraus (1971) defines success as 24 months in one placement.

Other researchers, such as Cautley and Aldridge (1975), confront quantitative or time oriented perspectives of defining success by arguing that the mere continuation of placement is not sufficient as the ultimate criterion of a successful placement. They assert that the quality of foster care is important for both short term and long term. Doelling and Johnson (1990) also define placement success qualitatively through the use of rating scales scored by foster mothers and caseworkers.

The Profile of the Child who Experiences Multiple Placements

Pardeck (1985) reviewed the literature and found a correlation between the stability of the foster placement and several different variables including: child demographic characteristics, the child's psychological characteristics, the child's biological family, the child's caseworker, and the child's foster parents.

He identified the profile of the child who was likely to experience unstable care as the following: An older white child having behavioral or emotional problems with a confused identity and poorly socialized, having natural parents who are separated and have alcoholic tendencies, having a history of being abused or neglected, having a caseworker who does not have a good rapport with the foster parents and expends little energy on behalf of the foster child, and having foster parents who lack training, motivation, and have a poor rapport with the foster agency. The remainder of this section will review other studies that explore the relationship between foster placement stability and the following: (a) foster family variables, (b) foster parent variables, and (c) goodness of fit variables.

The Foster Family Makeup and Successful Placement

Kraus (1971) studied the relationship between certain foster family variables and the success of the foster placement. His study included foster children who were 6 years of age or older, who were in their first foster placement, had no siblings living in the same home and who had been living in the foster home for at least 24 months. Of the 157 placements in the sample, 79 survived and 78 failed. Kraus's (1971) goal was to predict success of foster placements for school-age children.

Kraus (1971), analyzing the data by calculating overall chi-squares, found a strong probability of success (.92±.08) between a successful foster placement and the following foster family variables: 1) foster mother 46 years old or older; 2) two biological children in the home; 3) one or more foster children already in the home; 4) either more or less than four residents in the home, including the foster child; and 5) the motivation of the foster parents for having a foster child being one of generally interested. He also found a weak probability (.21+.07) of a

successful foster placement with the motivation of the foster parents for having a foster child being one of wanting company for their own child.

Kraus (1971) found the following:

> Of the fifteen characteristics of foster homes investigated in the present study, six (5 are listed above) had a significant or nearly significant relationship to outcome of placement when they were associated with other characteristics, but none were related to outcome when considered individually (although two showed a trend toward such a relationship). (p. 69)

On the other hand, he also found that the motivation of foster parents had a closer association with the outcome of placements than any other variable (Kraus, 1971). These findings support the contention that in making placement decisions it is necessary to consider the dynamic interplay of many factors and not simply the individual elements of a situation in isolation.

Foster Parent Characteristics and Successful Placement

Cautley and Aldridge (1975) attempted to determine whether characteristics of the applicant foster parents could identify those most likely to be successful. Every 6 months they evaluated the success of the foster parent(s) through social worker ratings and ratings by researchers who listened to tape recorded interviews of the foster parent(s). One hundred fifteen placements were included in this study.

The social workers made global evaluations of the foster mothers using a five-point rating scale developed by Fanshel (1961) (i.e., excellent job, good job, adequate job, somewhat less than adequate job, and poor job) (Cautley & Aldridge, 1975). Global evaluations of the foster fathers were not used because the social workers were generally unfamiliar with him. The social workers also made global evaluations of the overall placement success.

Without knowing the ratings of the social workers, researchers also made ratings of the foster mothers, foster fathers, and overall placement success through the use of tape recorded interviews (Cautley & Aldridge, 1975). The researchers also created a "success sum" for each parent by "combining the global ratings with three more specific ratings (i.e., sensitivity to child's feelings, extent of child centeredness, and 'thoughtful' approach to child)" (p. 79).

Cautley and Aldridge (1975) found a higher agreement among ratings made at the same time period which supported statistical reliability. They also found that high multiple correlations were obtained "when the specific ratings were combined to predict the more general ones ($\underline{R}$ of .74 to .79 for social worker ratings and of .81 to .85 for research staff ratings), which provided evidence of satisfactory construct validity" (p. 49). The relationship between the two rating systems (i.e., social workers versus researchers) was weak ($\underline{r}$ = .27 to .47) and thus each system was considered separately.

Cautley and Aldridge (1975) factor analyzed characteristics of the foster parents that were the most objective and that met "a criterion of reasonable reliability, particularly important for attitudinal items" (p. 50). The characteristics of the foster parents that were analyzed included demographic data, family of origin information, and reasons for wishing to be a foster parent. The intercorrelation of items in one score indicated substantial reliability (Cronbach's alpha of .70 or higher).

No single characteristic correlated significantly with placement success, so Cautley and Aldridge (1975) used a multiple correlation to see whether the variables taken as a group could predict success.

> The social worker's global success rating of the foster mother could be predicted more accurately than any other rating by the social workers ($\underline{R}$ =

> .53). And the research staff's rating of the foster father alone, the combined global ratings of the two foster parents, or the success sums of the parents together could be predicted most accurately (all with an R of .53). (p. 50)

The foster parent variables that correlated positively with a successful placement included the following: 1) the foster mother as the oldest child with a number of siblings in her family of origin, as opposed to being the youngest or only child; 2) the amount of experience that the foster mother had in supervising overnight visits of a child other than her own; and 3) the extent to which the foster father reported his own father as affectionate toward him. The foster parent variables that correlated negatively with a successful placement included the following: 1) the foster father being the only or oldest child; and 2) a report of the foster parents being highly religious. Cautley and Aldridge (1975) concluded that the relationship of any of the main variables to the ratings of success was limited and that only as a group did they have predictive value.

Cautley and Aldridge (1975) found that the following intervening variables did not affect the level at which success could be predicted by the foster parents' characteristics: 1) support of social worker in terms of the number of contacts; 2) the extent to which foster child showed difficult behavior, and 3) the extent to which foster child's natural parents disrupted the placement. In general, Cautley and Aldridge (1975) found that foster parents who could handle common problem behavior less harshly, without excessive discipline, and with understanding were more successful. Similar to Cautley and Aldridge (1975), Marcus (1991) also found that parents who demonstrated greater empathy developed more positive attachments with their foster children, and, in turn, the foster children exhibited fewer behavior problems.

Goodness of Fit and Success of Placement

Doelling and Johnson (1990) studied whether the interaction of various parent and foster child characteristics related with placement outcome. Their sample was small and consisted of 51 foster children (27 boys and 24 girls) whose age range was from five to ten years with a mean age of 7 years and foster mothers whose ages ranged from 21 to 69 years (mean age, 48 years). On the average, the families had either one or no natural or adopted children, and two or three other foster children living in the home. Doelling and Johnson (1990) predicted that a mismatch between a difficult child and an unadaptive foster parent would be most highly correlated with negative outcome.

Doelling and Johnson (1990) measured the correlation between foster placement outcome and parent and child temperament characteristics by having the foster parents fill out a mother's satisfaction rating (i.e., a five-point scale from very dissatisfied to very satisfied), a Dimensions of Temperament Survey-Revised for Adult (DOTS-R ADULT) on themselves, a Dimensions of Temperament Survey-Revised for Child (DOTS-R CHILD) that assessed the parent's expectations of the child's temperament, a DOTS-R CHILD on the target child, and the Family Environmental Scale (FES); the foster care case worker filled out a Foster Placement Evaluation Scale (FPES). Each measure was found to be reliable and the following includes a description of each measure.

The Dimensions of Temperament Survey- Revised (DOTS-R) was designed to identify features of temperament continuous in the behavioral repertoire from early childhood through adulthood (Doelling & Johnson, 1990). Both the child and adult versions include the following eight factors: Activity Level-General, Activity Level-During Sleep, Approach-Withdrawal, Flexibility-Rigidity, Mood, Rhythmicity-Sleep, Rhythmicity-Eating, and Rhythmicity-Daily

Habits. The ninth factor for the child version was Task Orientation; whereas the ninth and tenth factor for the adult version was Distractibility and Persistence, respectively. The internal consistency coefficients (Cronbach's alpha) for these dimensions range from .54 to .91.

The Family Environmental Scale (FES) measured the social-environmental characteristics of families (Doelling and Johnson, 1990). The Conflict subscale of the FES was targeted as a dependent measure relevant to success of placement. For the FES subscales, internal consistencies (Cronbach's alpha) range from .61 to .78; test-retest reliabilities (at a two-month interval) range from .68 to .86; and normative data collected from 1,125 families include families from all areas of the country, from ethnic minority groups, from all age groups, and single-parent and multigenerational families.

The Foster Placement Evaluation Scale (FPES) was developed to measure success of foster placement as assessed by foster care case workers (Doelling & Johnson, 1990). It has 14 items on a scale from one to five, which address the following areas: physical care, affection, acceptance of the child, equal treatment of the child and other children in the home, ability to get along with the child's natural parents, ability to deal with behavior problems, awareness of the child's individual needs, amount of time spent playing with the child, amount of time spent in general with the child, the child's academic performance and behavior in school, quality of the child's relationships with other children in the home, and the child's degree of adaptation to the family structure. The spit-half correlation coefficient (Spearman Brown formula) for odd and even items was .90 and the mean item-to-total correlation (Cronbach's alpha) was .88. Doelling et al. (1990) evaluated the interrater reliability of .65 as quite adequate and higher in

comparison to the interrater reliabilities of foster care workers found in a previous investigation by Fanshel (1961).

Doelling and Johnson (1990) determined that the DOTS-R, FES, and the FPES measured different attributes. They used a chi-square analysis to focus on the relationship between mother-child temperament matches and placement success or failure. Placements were considered a success if they scored above the median on the FPES, Conflict subscale of the FES, and the mother satisfaction rating (Doelling & Johnson, 1989). The following combinations were significantly correlated with poor placement outcome: 1) mismatch of inflexible mother and negative mood child (FPES, Chi-square = 4.2, $p<.05$; MSR, Chi-square = 10.5, $p<.01$; FES Conflict, Chi-square = 4.2, $p<.05$); and 2) mismatch of a mother with a child of more negative mood than she expected (FPES, Chi-square = 7.9, $p<.01$). "Thus, the mismatch of an inflexible mother with a child of negative mood was predictive of poorer placement outcome, as defined by all three measures" (Doelling & Johnson, 1990, p. 590).

Doelling and Johnson (1990) listed the following limitations to their study: (a) the fathers were not present, (b) their sample was biased towards relatively stable placements, and (c) they had a small sample, which may have affected the strength of their conclusions. Nevertheless, their conclusions were congruent with those of Cautley and Aldridge (1975).

In discussion of the research regarding the success of the foster placement, the research designs and measures have become more sophisticated regarding measuring placement success by including ratings by foster parents and caseworkers. Doelling and Johnson's (1990) study demonstrates an increased sophistication in research design by including multiple measures and by

studying the influence of the relationship of two independent variables (i.e., child and parent variables) on placement success.

One implication for further research is that although the foster parents and the caseworkers ultimately decide the disposition of the placement, the perspectives of the other family members including the foster child(ren) would be helpful in determining placement success. A measure or rating scale which would compare the initial expectations of the family members regarding the placement and then a later evaluation would be helpful in determining placement success.

Another implication for further research is that systemic theories and measurements may be helpful in advancing the research regarding the assessment of the types of families that correlate with a successful placement. For example, Beavers and Hampson (1990) introduce a Family Assessment Schema which categorizes families using two dimensions: the health/ competence dimension and the stylistic dimension. The strength of Beavers and Hampson's (1990) Family Assessment Schema is its use of both outsider rating and self-report rating measures. Using the Beavers Interactional Scales: I. Family Competence and II. Family Style, an outsider could assess the functioning of a foster family and make predictions regarding placement success. Using the Self-Report Family Inventory (SFI) and the SFI Scoring and Profile Guide, the family members could rate their own family. Using Beavers and Hampson's (1990) measures would advance the research regarding placement success from using static family variables (e.g., number of family members) to fluid or functional family variables (e.g., control, affect, responsibility), and from goodness of fit between foster child and foster mother to foster child and the entire foster family.

In summary, Kraus (1971), Cautley and Aldridge (1975), and Doelling and Johnson (1990), found that no one variable predicted placement success but rather a combination of variables. All of the researchers concluded that placement success positively related with foster parents who were flexible, well trained, empathic, and who had a general interest in having a child in their home.

Kraus (1971), who examined the foster family makeup, identified the following variables as positively correlating with success: (a) foster mother 46 years old or older, (b) two biological children in the home, (c) one or more foster children already in the home, and (d) either more or less than four residents in the home, including the foster child. He also found a positive relationship between foster parents who were motivated to having a foster child for the purpose of their own child having a companion and poor placement outcome.

Cautley and Aldridge (1975), who examined foster parent variables, identified the following variables that correlated positively with a successful placement: (a) the foster mother as the oldest child with a number of siblings in her family of origin, as opposed to being the youngest or only child; (b) the amount of experience that the foster mother had in supervising overnight visits of a child other than her own; and (c) the extent to which the foster father reported his own father as affectionate toward him. Cautley and Aldridge (1975) also found that the foster parent variables that correlated negatively with a successful placement included the following: (a) the foster father being the only or oldest child, and (b) a report of the foster parents being highly religious.

Doelling and Johnson (1990), who examined goodness of fit variables, identified the following combinations of variables that correlated with a poor placement outcome: (a) mismatch of inflexible mother and negative mood child,

and (b) mismatch of a mother with a child of more negative mood than she expected.

Although several variables that negatively correlate with placement success (i.e., child's age & biological family dysfunction) are relatively fixed, there is room for systemic interventions that would possibly lower the risk of continued problems in the foster child, recidivism, and placement instability. The following section will review the use of visits as an arena for addressing the needs of the foster child, foster family, and biological family.

Using Visits as a Locus for Systemic Reconstruction

There has been a trend toward treatment oriented foster care (Woolf, 1990). Therapists and administrators of foster care agencies have employed a myriad of interventions that have addressed the needs of foster children, including interventions that have facilitated a more stable foster placement. The following interventions have been used, some of which have been reported as having significant success towards decreasing the problems incurred by foster children: play therapy (Clifton & Ransom, 1975); analytic therapy (Kaplan, 1982); behavioral therapy (Gries, 1986); group therapy (Palmer, 1990); biological-parent training and recovery groups for biological parents; foster-parent training and the development of therapeutic foster homes (Klee & Halfon, 1987). "Although many excellent programs have been created to meet the needs of children and families, efforts in collecting data to substantiate the effectiveness or value of these programs have been less than rigorous" (Woolf, 1990, p. 76). These interventions may have been successful regarding addressing fragments of the foster care system, but they have not directly addressed the systemic problems of the foster care system. Even Permanency Planning with its focus of finding the

child a stable placement has failed to address the systemic problems that are inherent in the foster system.

The Visit as a Natural Locus for Systemic Interventions

The scheduled visits between the foster child and the biological parent(s) could potentially be an arena for addressing systemic problems. Visits help maintain the attachment between the foster child and biological parent, facilitate reunification, and positively affect the welfare of the foster child (Borgman, 1985; Fanshel & Shinn, 1978; Proch & Howard, 1986). Visits do not eliminate stress in the foster child, however. Frequent visits may create a loyalty conflict in the foster child which becomes expressed through angry and confused behavior (Fanshel & Shinn, 1978; Gean, Gillmore, & Dowler, 1985). Over time, however, the child who is visited more frequently tends to show greater gains in emotional and behavioral adjustments and receives more favorable assessments by teachers (Fanshel & Shinn, 1978).

Research suggests that a complete separation between the foster child and the biological parent as opposed to a partial separation is more likely followed by behavior in the child indicating insecurity (Cowan & Stout, 1939). Involving the biological family can "bring integration and sounder emotional functioning to the placed child" (Tiddy, 1986, p. 55 & 56). Cowan and Stout (1939) suggest, "In some instances transformation of a complete break into a partial break through re-establishment of contact between a child in a new environment and people or conditions in a former environment results in the disappearance of behavior indicating insecurity" (p. 338).

Tiddy (1986) found that children who were inhibited from making contact with their biological parent(s) tended to develop a fantasy parent as a defense mechanism to deal with their separation trauma, which inevitably inhibited the

child from integrating into the foster family. Tiddy (1986) also found that continued contact of foster children with their biological parent(s) promoted more settling into the foster family. Eagle (1990) found that children were able to develop attachments to foster parents at the same time as they asked for and expected reunion with their natural parents. And the more their new caretaker supported the old attachments, the better the children fared. Children were also able to drop the new attachments when the parent returned.

Visits are also important for children who will ultimately go into long term foster care and will not reunify with their biological parents. Using attachment theory and the mourning model, Steinhauer (1983) argues that children need to maintain contact with former caretakers in order to ultimately effect a psychological separation from them and thereby become free for psychological attachment to the new caretakers. Adolescents, specifically, are particularly vulnerable to having difficulty developing their identity if their contact with their biological parents is severed because they are unable to work through the natural process of separation (McDermott, 1987). Instead of separating, they tend to idealize their natural parents and project blame onto the foster parents, which impedes their attachment to their new caretaker (Steinhauer, 1984).

Structuring Therapeutic Visits

As mentioned, visits can be therapeutic in themselves. However, without interventions during the visits, system problems remain unchanged.

Simms and Bolden (1991) conducted a 16-week pilot program, including eight foster children from ages 0 to 12 years old, at a child guidance clinic. The foster child(ren), the foster parent(s), and the biological parent(s) were included

in the program and the goal was to stabilize the foster home as well as facilitate reunification.

For one hour, Simms and Bolden (1991) had the foster children visit with the biological parent(s) while the foster parent(s) participated in a support group conducted by a non-agency social worker. For a second hour, the biological parents participated in a support group, also conducted by a non-agency social worker. Simms and Bolden (1991) found that the use of the child guidance center, which was a neutral location, provided the participants with a feeling of safety for sharing their frustrations with the agency. They also suggested that the use of the non-agency social workers was probably less threatening to the participants who may have had a lack of trust towards the social workers directly involved in the placement decisions.

During the visit between the foster child and the biological parent, a social worker conducted a family therapy session for 20 minutes in order to address the biological parents' parenting skills and to address problems in the biological family prior to the child being placed in foster care. The foster-parent support groups, which were facilitated by a clinical social worker, focused on helping the foster parents "overcome their frustration in dealing with the agency bureaucracy, understand their role in the care of the children, gain insight into the importance of the visiting process, and develop increased empathy and understanding toward the biological parents" (Simms & Bolden, 1991, p. 685). The biological-parent support group, which was also facilitated by a clinical social worker, focused on enabling the biological parent(s) to discuss their own personal problems, their insecurities about parenting, their problems with the agency, their problems with the caseworkers, and their problems with the foster parents.

Simms and Bolden (1991) stated that the structured visits had the potential for aiding in permanency planning decisions as well as providing direct services. They felt that in order to insure success with reunification that the program needed to be extended to "at least nine to 12 months" (Simms & Bolden, 1991, p. 688). Simms and Bolden (1991) acknowledged that reunification would not have been appropriate for every family even after the 12 months. Katz and Robinson (1991) developed a risk assessment matrix that may be helpful in determining the potential for reunification. The Parent/Child Reunion Inventory developed by Marcus (1990) which measures attachment behavior may also be helpful in determining the potential for reunification.

Simms and Bolden (1991) addressed a critical problem in the foster care system, namely that "biological parents are often cast as sinful, bad, incompetent, or destructive; this results in a splitting between foster parents and biological parents that is not in the children's best interests" (Kates, Johnson, Rader, & Strieder, 1991, p. 588). Elizur and Minuchin (1989) suggested reframing the foster parents as extended family members in order to eliminate the often adversarial nature of the relationship between the foster parent and biological parent. Simms and Bolden's (1991) focus of helping foster parents develop empathy for the biological parents was probably a reasonable compromise to Elizur and Minuchin's (1989) reframe suggestion.

Reframing the role of the foster parents is not enough because the nature of the transaction between the foster parents and the natural parents is qualitatively different from the transaction between the nuclear family and the extended family due to the fact that the transaction between the foster parents and natural parents is created by the larger social service system. An example of a problem unique to the transaction between the foster parent and natural parent

is the scenario in which the foster parents frequently become frustrated with natural parents who miss visiting appointments (Littner, 1975).

Structuring Visits to Address Triangulation

Neither Simms and Bolden (1991) nor Elizur and Minuchin (1989) suggest interventions that would directly confront dysfunctional transactions or tensions between the foster parent(s) and biological parent(s), which inevitably become triangulated through the foster child. In this author's opinion, facilitating open and direct communication between the two sets of parents needs to be included in the treatment repertoire to eliminate the parents' use of the foster child as a sounding board for complaints against the other parent(s). This type of intervention would also increase the overall family system's flexibility and adaptability in order to function in a way to support the best interest of all the individuals within the system.

Structuring Visits to Address the Self in the System

Rectifying the interactional patterns is important to developing a more flexible overall family system. However the intrapsychic and behavioral problems of foster children also need to be addressed during the visits such as their problems with identity (McDermott, 1987), confusion about their role (i.e., rejected role or scapegoat role)(Tiddy, 1986), confusion regarding the reason for their placement (Levine, 1988), and grief surrounding separation from biological parents as well as foster parents upon reunification (Edelstein, 1981; Pardeck, 1984). These problems may be addressed through either a support group or a conjoint session including the foster parents and natural parents. Other specific problems such as sexual abuse and adolescent drug abuse can be addressed through groups that specialize in those issues. Problems such as academic problems may decrease as the child is able to work through his/her emotional

conflicts, but special education programs may continue to be necessary in order to address these types of problems.

Promoting Visits or Using Visits to Determine Parental Rights

Proch and Howard (1984) state the following:

> Some statutes require agency staff to promote visiting. Others allow failure to visit to be used as a basis for termination of parental rights or require courts to consider the frequency of parental visiting in determining whether to terminate parental rights. (p. 140)

Failure to visit does not necessarily indicate a lack of interest by the biological parent. Some biological parents may feel intimidated by the foster care system and need encouragement to attend visits.

Hess (1988) states:

> Planned visit frequency is often beyond the control of the parents and depends on the agency's policies and resources, the location of the child's placement, the cooperation of the child's foster parents, and the caseworker's assessment of the case and attitudes regarding parent-child visiting. (p. 312)

Thus, the promotion of visits should precede the use of failed visits as a basis for terminating parental rights. Researchers conclude that the amount of investment of caseworker in a case significantly influences parental visiting, especially at the earlier stages of placement (Fanshel, 1975; Pardeck, 1985).

In summary, researchers have found that visits between the foster child and the biological parent(s) helped maintain the attachment between the foster child and biological parent, facilitated reunification, and positively affected the welfare of the foster child (Borgman, 1985; Fanshel & Shinn, 1978; Proch & Howard, 1986). Tiddy (1986) also found that continued contact of foster children with their biological parent(s) promoted more settling into the foster family. Steinhauer (1983) stated that visits were also important for children who would

ultimately go into long term foster care and would not reunify with their biological parents because he argued that the children needed to maintain contact with their former caretakers in order to ultimately effect a psychological separation from them and thereby become free for psychological attachment to the new caretakers.

Simms and Bolden (1991) conducted structured visits which also included support groups for the foster parents and the biological parents, and their goal was to stabilize the foster home as well as facilitate reunification. They conducted the visits at a neutral location (i.e., not affiliated with the foster care agency) and had neutral therapists facilitate the groups. They found that the neutral environment provided the participants with a feeling of safety for sharing their frustrations and insecurities. They also proposed that the visits could be helpful in aiding permanency planning.

Simms and Bolden (1991) helped decrease the split between the foster parents and biological parents by helping the foster parents understand and empathize with the foster parents. On the other hand, the structure of their visits did not aid in directly confronting the dysfunctional transactions or tensions between the foster parents and the biological parents. This author suggested designing the structure of visits in a manner that would facilitate open and direct communication between the two sets of parents.

Without coordination between the professionals involved in the foster care system (i.e., judges, lawyers, social workers, and therapists), systemic interventions will remain ineffective and the foster care system will remain fragmented. The following section will begin with a discussion of a developing philosophy in the foster care field, followed by a discussion of the professional

schisms that continue to fragment the foster care system, and will conclude with suggestions for utilizing the research.

Professional Implications

"The structure of the service delivery system has changed from a child welfare system to a family service system. The decade of the 1980s has produced a benchmark shift from a child protection orientation to a family treatment orientation" (Woolf, 1990, p. 76).

Woolf (1990) suggests that service options can be expanded from "either/or" attitudes to an "including posture" (p. 78). Woolf (1990) also suggests:

> Rather than deciding that a child will either return to his or her own family or be placed for adoption, a broader perspective (can) include the view that termination of parental rights does not necessarily mean the termination of the parent/child relationship. Indeed, the healthiest and safest option for some children may be to live full-time with and/or be a legal member of the supplemental family while maintaining contact with their biological parents. (p. 78)

Professional Schisms

Unfortunately, there is an overall lack of services to treat the problems of foster children, and "where services exist, they are often inappropriate, incomplete, and not coordinated" (Klee & Halfon, 1987, p. 71). The most significant systemic problem in the foster care system may be the lack of coordination between the professionals, which is primarily the result of conflicting agendas and philosophies. Judges have adjudication demands and tend to rule in favor of the biological parent retaining custody, "regardless of the actual best interest of the child" (Gross, 1984, p. 512). Lack of coordination between professionals is also represented by the following: "Existing agency

structures frequently encourage a splitting of responsibility between a Family Service Worker who deals with the natural family and a Children's Service Worker who serves the child in the foster family" (Steinhauer, 1984, p. 477). Family Service Workers have tremendous caseloads and their goal is to encourage reunification whenever possible as long as there are no obvious signs of abuse or neglect, even if reunification means returning a child to a highly dysfunctional home. On the other hand, Children's Service Workers who also have tremendous caseloads may resist encouraging efforts towards reunification (i.e., visits by biological parents) because they consider the biological parent as highly dysfunctional and disruptive to the foster placement. The tendency of the Children's Social Worker to resist reunification may be even stronger if the social worker is employed by a private Foster Family Agency (FFA) and has minimal contact with the biological parents.

Katz (1987) discusses another professional schism, namely, "Placement professionals often have only superficial knowledge and skill in therapy, while clinicians specializing in treatment of children are often untrained and naive in the subtleties of placement and its long-term effects" (p.62[210]). This schism suggests the need for family therapists and clinical child therapists who are committed to understanding the complex relationships in the foster care system.

Utilization of Research for Professionals

There are many aspects of the foster care system that need to be addressed in order to provide for the best interests of the foster child, foster family and biological family. Professionals involved in placement and treatment decisions need to "know enough about family assessment, family systems, family therapy, and about themselves to identify and maintain a clear focus on the needs of the

case," and to recognize which interventions are effective (Steinhauer, 1984, p. 475). Rushton (1989) states:

> If the service is conducted at too superficial a level, it may fail to attend to the needs of those substitute families who have been seriously de-stabilized by taking one or more highly disturbed children into their homes and who need a level of intervention capable of modifying a complex system of relationships. (p. 201)

The child's attachment and development must be considered for the purposes of determining placement as well as treatment planning. Social workers and judges should be apprised of this information because they make the decisions that lead to separations, but family therapists need to know this information for purpose of intervening during visits.

In this author's opinion, the practice of permanency planning must be widened in order to provide for the best interest of the foster child. More emphasis needs to be placed on selecting qualified foster parents and in including the biological parents in the foster care process through structured visits. The assessment instruments and the strategies for effective systemic interventions are available, but the coordination of professional efforts must precede any change towards reconstructing the fragmented foster care system.

REFERENCES

Achenbach, T. (1978). The Child Behavioral Profile: I. Boys aged 6-11. Journal of Consulting and Clinical Psychology, 46,478-488.

Achenbach, T., & Edelbrock, C. (1979). The Child Behavioral Profile: II. Boys aged 12-16 and girls aged 6-11 and 12-16. Journal of Consulting and Clinical Psychology, 47, 223-233.

Achenbach, T., & Edelbrock, C. (1983). Manual of the Child Behavior Checklist and Revised Child Behavior Profile. Burlington, VT: Author.

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale, NJ: Erlbaum.

Alderson, M. (1976). An introduction to epidemiology. London: Macmillan.

Beavers, W. R., & Hampson, R. B. (1990). Successful families: Assessment and intervention. New York: W. W. Norton.

Block, N. M. (1981). Toward reducing recidivism in foster care. Child Welfare, 60(9), 597-610.

Borgman, R. (1985). The influence of family visiting upon boys' behavior in a juvenile correctional institution. Child Welfare, 64(6), 629-638.

Bowlby, J. (1966). Boarding Homes: Some principles of child care. In J.Bowlby (Ed.), Maternal care and mental health (pp. 112-114). New York: Schocken Books.

Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. New York: Basic Books.

Boyle, M., & Jones, S. (1985). Selecting measures of emotional and behavioral disorders of childhood for use in general populations. Journal of Child Psychology and Psychiatry, 26(1), 137-159.

Bryce, M. E., & Ehlert, R. C. (1971). 144 Foster children. Child Welfare, 50(9), 499-503.

Cautley, P. W. & Aldridge, M. J. (1975). Predicting success for the new foster parents. Social Work, 20, 48-53.

Clifton. P. M., & Ransom, J. W. (1975). An approach to working with the "placed child." Child Psychiatry and Human Development, 6(2), 107-117.

Cowan, E. A. & Stout, E. (1939). A comparative study of the adjustment made by foster children after complete and partial breaks in continuity of home environment. American Journal of Orthopsychiatry, 9, 330-331.

Davis, M. (1980). A multidimensional approach to individual differences in empathy. JSAS: Catalog of Selected Documents in Psychology, 10, 85.

Davis, M. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. Journal of Personality and Social Psychology, 44(1), 113-126.

Davis, M. H., & Oathout, H. A. (1987). Maintenance of satisfaction in romantic relationships: Empathy and relational competence. Journal of Personality and Social Psychology,53(2), 397-410.

Doelling, J. L., & Johnson, J. H. (1990). Predicting success in foster placement: The contribution of parent-child temperament characteristics. American Journal of Orthopsychiatry, 60, 585-593.

Eagle, R. S. (1990). Denial of access: Past, present, and future. Canadian Psychology, 31(2), 121-131.

Edelstein, S. (1981). When foster children leave: helping foster parents to grieve. Child Welfare, 60(7) 467-473.

Elizur, J., & Minuchin, S. (1989). Institutionalizing madness: Families, therapy, and society. New York: Basic Books.

Fanshel, D. (1961). Studying the role performance of foster parents. Social Work, 6, 74-81.

Fanshel, D.(1971). The exit of children from foster care: An interim research report. Child Welfare, 50, 65-81.

Fanshel, D. (1975). Parental visiting of children in foster care: Key to discharge? Social Science Review, 49, 493-514.

Fanshel, D., & Shinn, E. (1978). Children in foster care: A longitudinal investigation. New York: Columbia University Press.

Franzoi, S., Davis, M., & Young, R. (1985). The effects of private self-consciousness and perspective taking on satisfaction in close relationships. Journal of Personality and Social Psychology, 48(6), 1584-1594.

Gean, M. P., Gillmore, J. L., & Dowler, J. K. (1985). Infants and toddlers in supervised custody: A pilot study of visitation. Journal of the American Academy of Child Psychiatry, 24(5), 608-612.

Gries L. T. (1986). The use of multiple goals in the treatment of foster children with emotional disorders. Professional Psychology: Research and Practice, 17(5), 381-390.

Gross, M. J. (1984). Custody conflicts between foster and birth parents in Pennsylvania. Social Work, 29, 510-515.

Guerny, L. (1982). The effectiveness of foster care as supplementary parenting. In M. Kostelnick & H. Fitzgerald (Eds.), Patterns of supplemental parenting and child nurturance: A biennial series (Vol. II, pp. 131-180). New York: Plenum.

Hess, P. (1988). Case and context: Determinants of planned visit frequencey in foster family care. Child Welfare, 67(4), 311-326.

Hochstadt, N. J., Jaudes, P. K., Zimo, D. A., & Schachter, J. (1987). The medical and psychosocial needs of children entering foster care. Child Abuse and Neglect, 11, 53-62.

Jenkins, S. (1967). Duration of foster care: Some relevant antecedent variables. Child Welfare, 450-455.

Kaplan, A. (1982). Growing up in foster care: One boy's struggles. Journal of Child Psychotherapy, 8, 57-66.

Kates, W. G., Johnson, R. L., Rader, M. W., & Strieder, F. H. (1991). Whose child is this? Assessment and treatment of children in foster care. American Journal of Orthopsychiatry, 61(4), 584-585.

Katz, L. (1987). An overview of current clinical issues in separation and placement. Child and Adolescent Social Work, 4(3 & 4), 61[209]-77[225].

Klee, L. & Halfon, N. (1987). Mental health care for foster children in California. Child Abuse & Neglect, 11, 63-74.

Kraus, J. (1971). Predicting success of foster placements for school-age children. Social Work, 16, 63-72.

Lawder, E. A., Poulin, J. E., & Andrews, R. G. (1986). A study of 185 foster children 5 years after placement. Child Welfare, 65, 241-251.

Levine, K. G. (1988). The placed child examines the quality of parental care. Child Welfare, 67(4), 301-310.

Littner, N. (1975). The importance of the natural parents to the child in placement. Child Welfare, 54(3), 175-181.

Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age 6: predictable from infant attachment classifications and stable over a 1-month period. Developmental Psychology, 24(3), 415-426.

Main, M., & Weston, E. (1981). The quality of the toddler's relationship to mother and father: Related to conflict behavior and the readiness to establish new relationships. Child Development, 52, 932-940.

Marcus, R. F. (1990). The parent/child reunion inventory: A measure of attachment for children beyond the infancy years. Psychological Reports, 67, 1329-1330.

Marcus, R. F. (1991). The attachments of children in foster care. Genetic, Social, and General Psychology monographs,117(4), 365-394.

McDermott, V. A. (1987). Life planning services: Helping older placed children with their identity. Child and Adolescent Social Work, 4(3&4), (245) 97-(263) 115.

McIntyre, A. & Keesler, T. (1986). Psychological disorders among foster children. Journal of Clinical Child Psychology, 15(4), 297-303.

Mech, E. V. (1985). Parental visiting and foster placement. Child Welfare, 64, 67-72.

Meier, E. (1966). Adults who were foster children. Children, 13, 16-21.

Miller, L. (1967). Louisville Behavior Checklist for males, 6-12 years of age. Psychological Reports, 21, 885-896.

Miller, L., Hampe, E., Barrett, C., & Noble, H. (1971). Children's deviant behavior within the general population. Journal of Consulting and Clinical Psychology, 37, 16-22.

Milner, J. L. (1987). An ecological perspective on duration of foster care. Child Welfare, 66(2), 113-123.

Oakland, T., & Houchins, S. (1985). Testing the test: A review of the Vineland Adaptive Behavior Scales, Survey Form. Journal of Counseling and Development, 63, 585-586.

Palmer, S. E. (1990). Group treatment of foster children to reduce separation conflicts associated with placement breakdown. Child Welfare, 69(3), 227-238.

Pardeck, J. T. (1983). An empirical analysis of behavioral and emotional problems of foster children as related to re-placement in care. Child Abuse and Neglect, 7, 75-78.

Pardeck, J. T. (1984). Multiple placement of children in foster care: An empirical analysis. Social Work, 29, 506-509.

Pardeck, J. T. (1985). A profile of the child likely to experience unstable foster care. Adolescence, 20, 689-696.

Proch, K., & Howard, J. (1984). Parental visiting in foster care: Law and practice. Child Welfare, 63(2), 139-147.

Proch, K., & Howard, J. (1986). Parental visiting of children in foster care. Social Work, 31, 178-181.

Rushton, A. (1989). Annotation: Post-placement services for foster and adoptive parents-support, counseling or therapy? Journal of Child Psychology and Psychiatry, 30(2), 197-204.

Sattler, J. (1988). Assessment of children (3rd ed.). San Diego: Author.

Simms, M. D. (1989). The foster care clinic: A community program to identify treatment needs of children in foster care. Journal of Developmental and Behavioral Pediatrics, 10(3), 121-128.

Simms, M. D., & Bolden, B. J. (1991). The family reunification project: Facilitating regular contact among foster children, biological families, and foster families. Child Welfare, 70, 679-690.

Steinhauer, P. D. (1983). Assessing for parenting capacity. American Journal of Orthopsychiatry, 53(3) 468-481.

Steinhauer, P. D. (1984). The management of children admitted to child welfare services in Ontario: A review and discussion of current problems and practices. Canadian Journal Psychiatry, 29, 473-483.

Tiddy, S. G. (1986). Creative cooperation: Involving biological parents in long-term foster care. Child Welfare, 65(1), 53-62.

Turner, J. (1986). Successful reunification of foster care children with their biological parents: Characteristics of parents and children. Child Care Quarterly, 15(1), 50-54.

Wald, M., Carlsmith, C.M., & Leiderman, P.H. (1988). Protecting abused and neglected children. Stanford: Stanford University Press.

Woolf, G. D. (1990). An outlook for foster care in the United States. Child Welfare, 69(1), 75-81.

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Tri City Family Guidance Outpatient Program	1992 - 1993
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